## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## L88923 **DOCUMENT#**

1. Entity Name

FASHION PEARLS, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90231 011 \*\*\*150.00

Suite, Apt. 4, etc.  Cry & State  Cry	Principal Place of Business 11401 PINES BLVD #270 PEMBROKE PINES FL 33026  Mailing Address 11401 PINES BLVD PEMBROKE PINES FL 33026  PEMBROKE PINES									
City & State  City & State of Florida. I arr familiar with, and ecceptable)  City & State of Florida. I arr familiar with, and ecceptable or displaced agent.  Signature  Signature  FILE NOW!!! FEE IS \$150.00  Make Check Pagable to Florida beginners agent with a largetable page.  City & State of Plands. I arr familiar with, and ecceptable page.  Signature  FILE NOW!!! FEE IS \$150.00  Make Check Pagable to Florida beginners agent with a largetable page.  DOTE: Registered agent, or both, in the State of Florida. I arr familiar with, and eccept in a consistency of registered agent, or both, in the State of Florida. I arr familiar with, and eccept in a consistency of registered agent.  Signature agent agent agent agent with a supplication of the purpose of changing its registered agent, or both, in the State of Florida. I arr familiar with, and eccept in a consistency of registered agent, or both, in the State of Florida. I arr familiar with, and eccept in a consistency of registered agent, or both, in the State of Florida. I arr familiar with, and eccept in a consistency of registered agent, or both, in the State of Florida. I arr familiar with, and eccept in a consistency of registered agent, or both, in the State of Florida. I arr familiar with, and eccept in a consistency of registered agent, or both, in the State of Florida. I arr familiar with, and eccept in a consistency of registered agent, or both, in the State of Florida. I arr familiar with, and eccept in a consistency of registered agent, or both, in the State of Florida. I arr familiar with, and eccept in a consistency of registered agent, o	2. Principal P	lace of Business	3. Mailing Address	Mailing Address				013 01011 OC	}  B 9     <b> </b>	
Zip Country Zip Country Zip Country S. Cardificate of Status Desired Address of New Registered Agent Status Desired Address of New Registered Agent Status Desired Address of New Registered Agent Status Desired Agent Status De	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Section   Country   Country   Country   Country   Country   Section   Sect	City & Stat	е	City & State			4. FEI Number 65-0207339 Applied For Not Applicable				
Name	Zip	Country Zip Cou			try					
KOPROWSKI, PAUL A CPA 10031 PINES BLVD., #224 PEMBROKE PINES FL 33024  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the rebuilding allows of registered agent.  SIGNATURE    Signature, typeor or primiting raise of registered agent and their applicable   POTE Registered Agent signature required when resonating   DATE	<del></del>	Registered Agent			7. 1	Name and Address of New Registered Ager	nt			
10031 PINES BLVD, #224   PEMBROKE PINES FL 33024					Name					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	KOPROWSKI, PAUL A CPA				Street Address (P.O. Box Number is Not Acceptable)					
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Paper   P	10031 PIN	IES BLVD., #224			(TO DON TO THE					
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept submits agent agent.    Signature   Signatu	PEMBROKE PINES FL 33024									
THE Obligations of registered agent.    Signature   Si					City		- FL	Zip Code	;	
Signature, typed or printed, manuel or legislated agent and title if application in Agent in Household in Manuel Check Payable to Floridad Department of State										
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILE NAME STREET ADDRESS CITY-ST-ZIP  PEMBROKE PINES FL 33027  TILE NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
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CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREE CITY-	ET ADORESS ST-ZIP					

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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